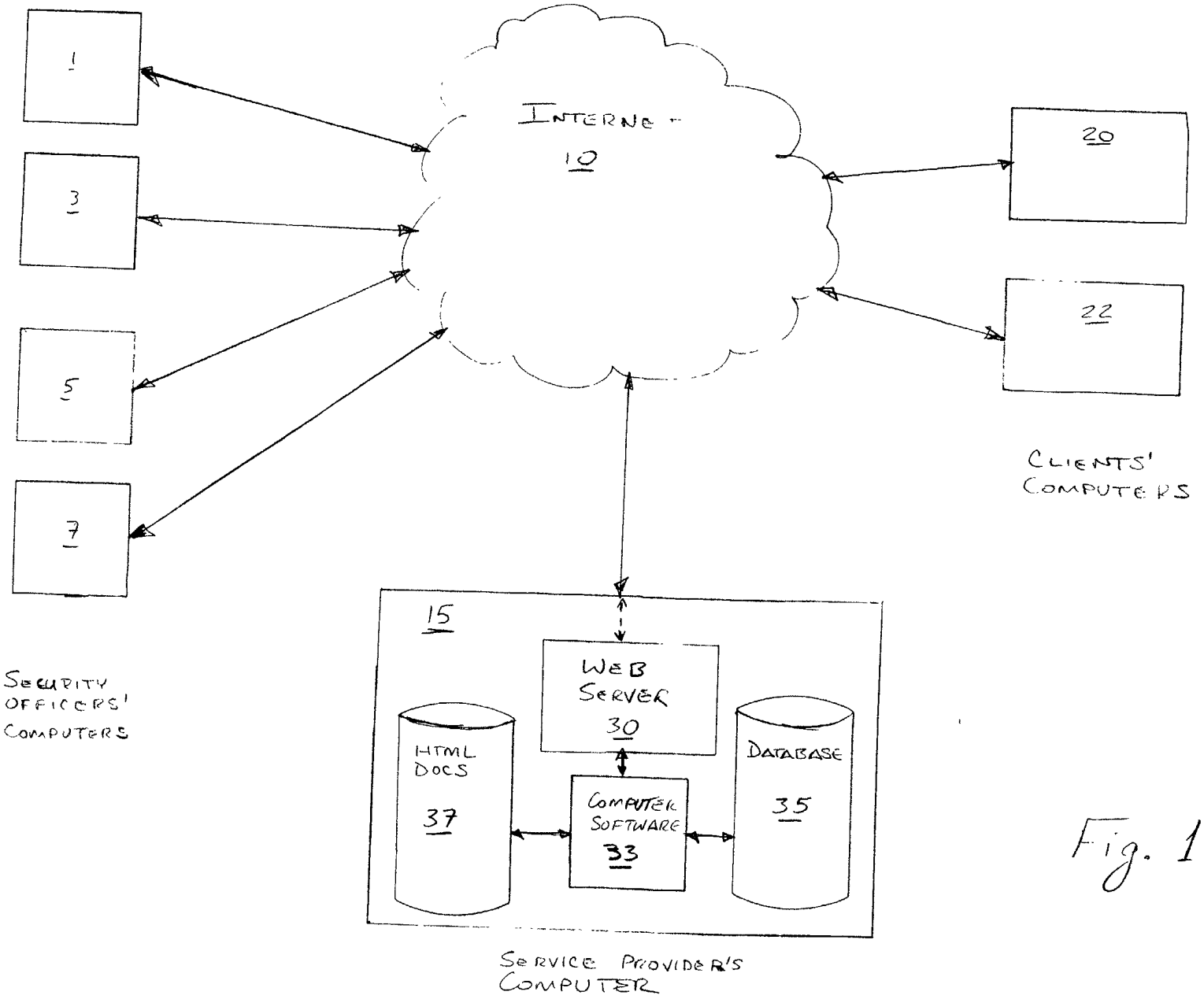
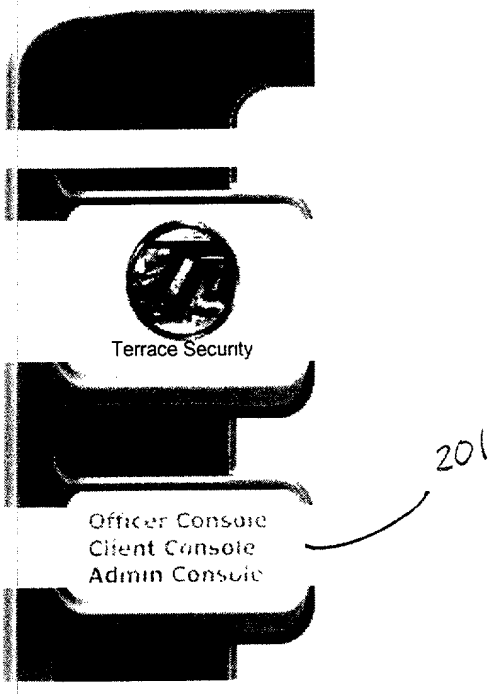
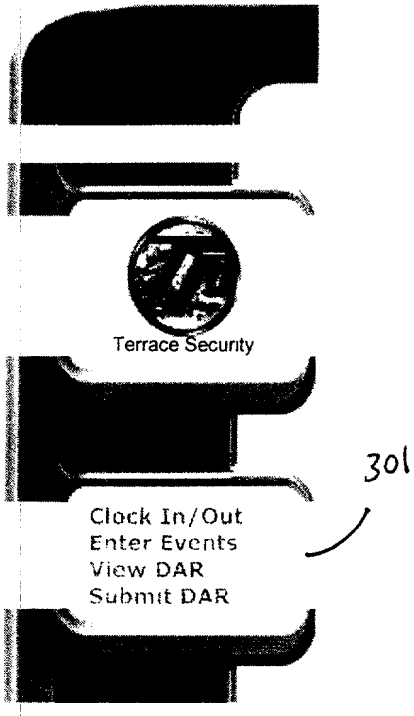

1
3
5
7
INTERNET
10
20
22
CLIENTS' COMPUTERS
SECURITY OFFICERS' COMPUTERS
15
WEB SERVER
30
HTML DOCS
37
COMPUTER SOFTWARE
33
DATABASE
35
SERVICE PROVIDER'S COMPUTER

Fig. 1



Terrace Security Corporation
Online Applications Management Console

Fig. 2


Terrace Security
Clock In/Out
Enter Events
View DAR
Submit DAR
301

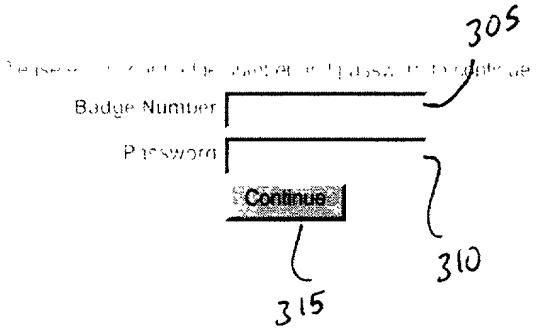

Terrace Security Corporation
Officer Console
305
Badge Number
Password
Continue
310
315

Fig. 3

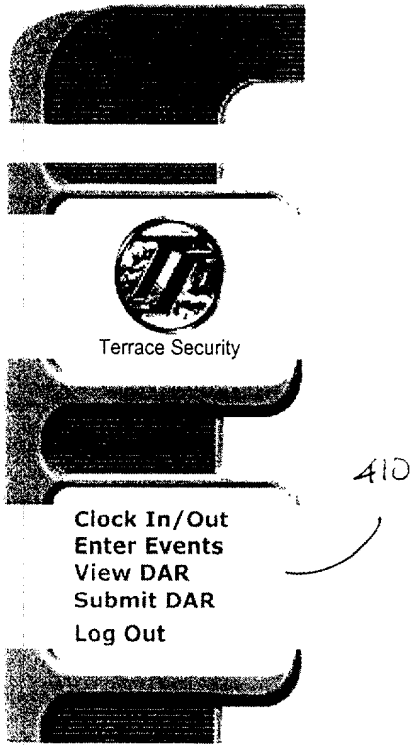

Terrace Security
Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out
410
Terrace Security Corporation
Officer Console
Logged In: Neely, Bernard
420
Clock In/Out
Property
Terrace @ Willowbrook
Time In
430
Shift Code
425
Radio Number
Comments
435
Clock In
440

Fig. 4

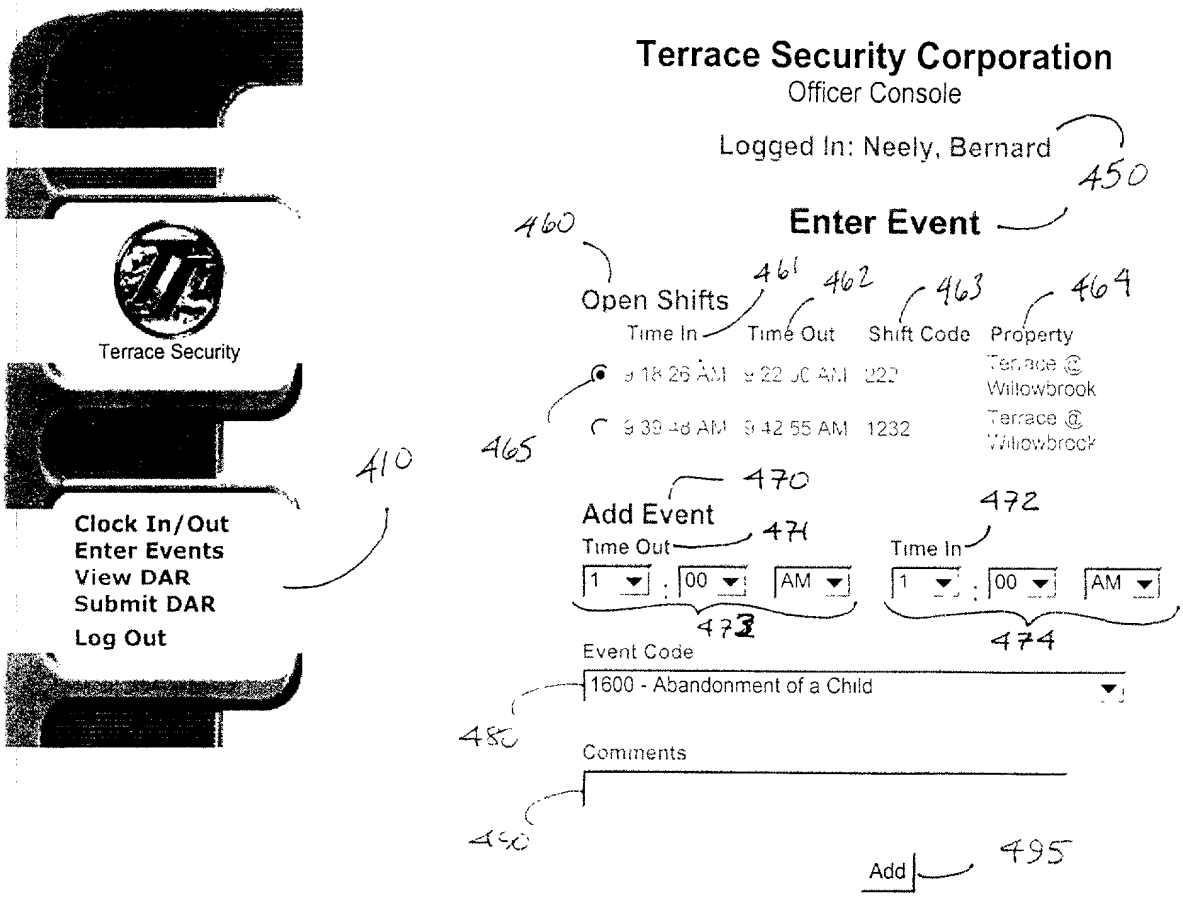

Terrace Security
Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out
410
Terrace Security Corporation
Officer Console
Logged In: Neely, Bernard
450
Enter Event
460
Open Shifts
461
462
463
464
Time In
Time Out
Shift Code
Property
9:18:26 AM
9:22:00 AM
222
Terrace @ Willowbrook
9:39:48 AM
9:42:55 AM
1232
Terrace @ Willowbrook
465
470
Add Event
471
472
Time Out
Time In
1
00
AM
473
474
Event Code
1600 - Abandonment of a Child
480
Comments
490
Add
495

Fig. 4A

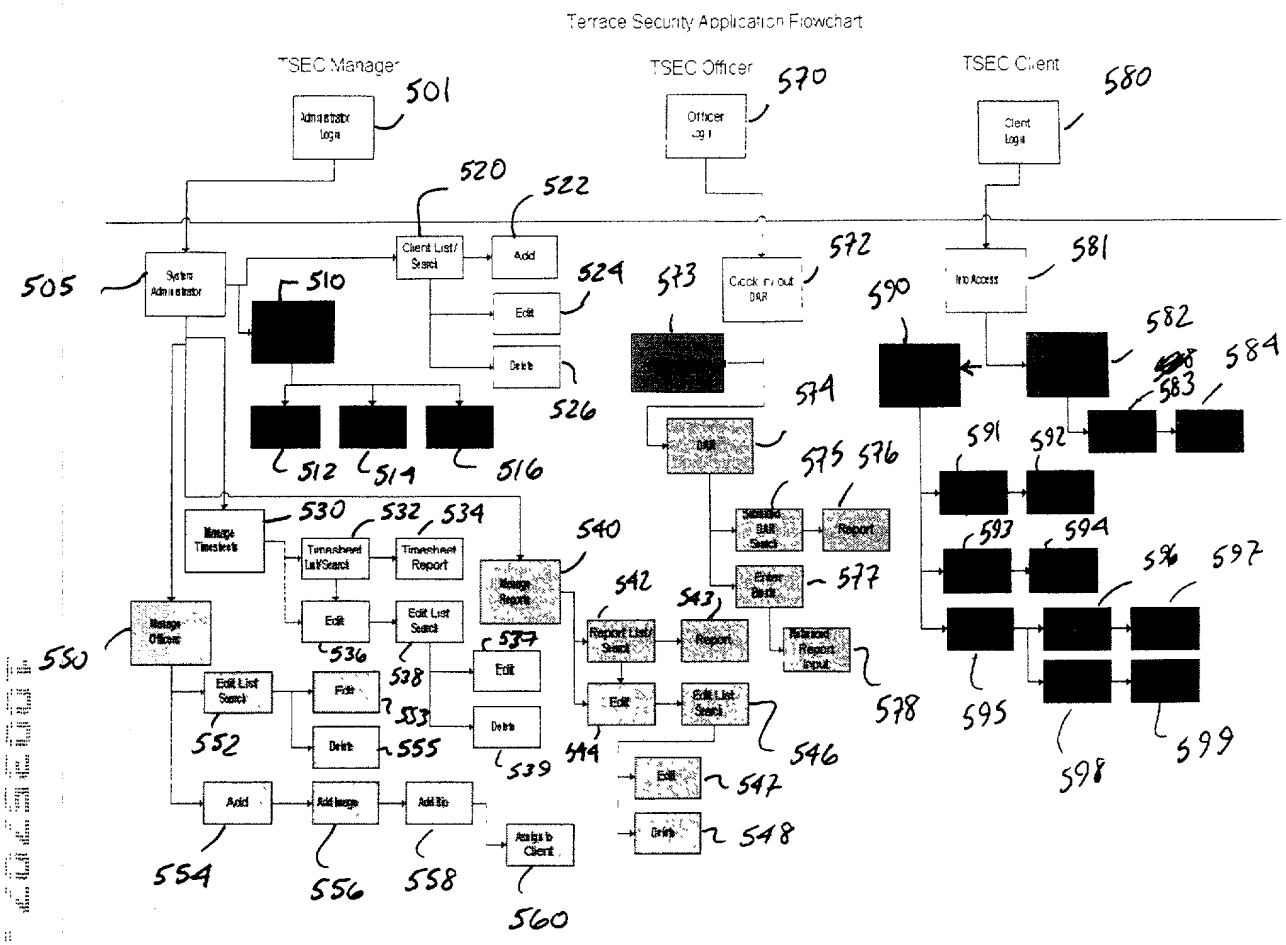

Terrace Security Application Flowchart
TSEC Manager
TSEC Officer
TSEC Client
501
570
580
520
522
572
581
505
510
524
573
590
582
584
526
574
583
591
592
512
514
516
575
576
530
532
534
540
593
594
542
543
577
550
595
597
536
538
537
578
552
553
555
539
549
546
547
548
554
556
558
560
598
599

Fig. 5

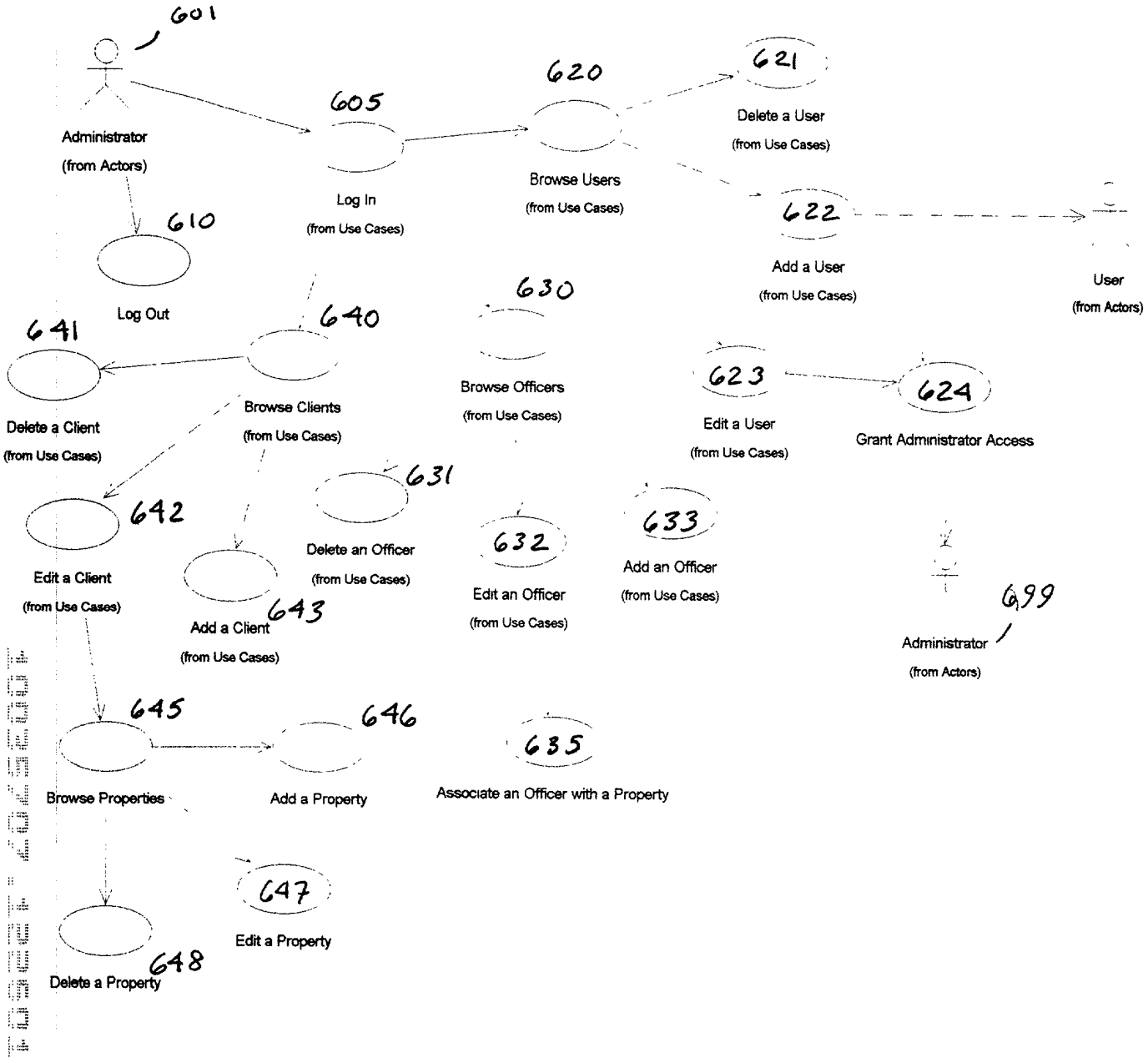

601
Administrator
(from Actors)
605
Log In
(from Use Cases)
620
Browse Users
(from Use Cases)
621
Delete a User
(from Use Cases)
610
Log Out
622
Add a User
(from Use Cases)
User
(from Actors)
630
Browse Officers
(from Use Cases)
641
Delete a Client
(from Use Cases)
640
Browse Clients
(from Use Cases)
623
Edit a User
(from Use Cases)
624
Grant Administrator Access
631
Delete an Officer
(from Use Cases)
642
Edit a Client
(from Use Cases)
643
Add a Client
(from Use Cases)
632
Edit an Officer
(from Use Cases)
633
Add an Officer
(from Use Cases)
699
Administrator
(from Actors)
645
Browse Properties
646
Add a Property
635
Associate an Officer with a Property
647
Edit a Property
648
Delete a Property

Fig. 6

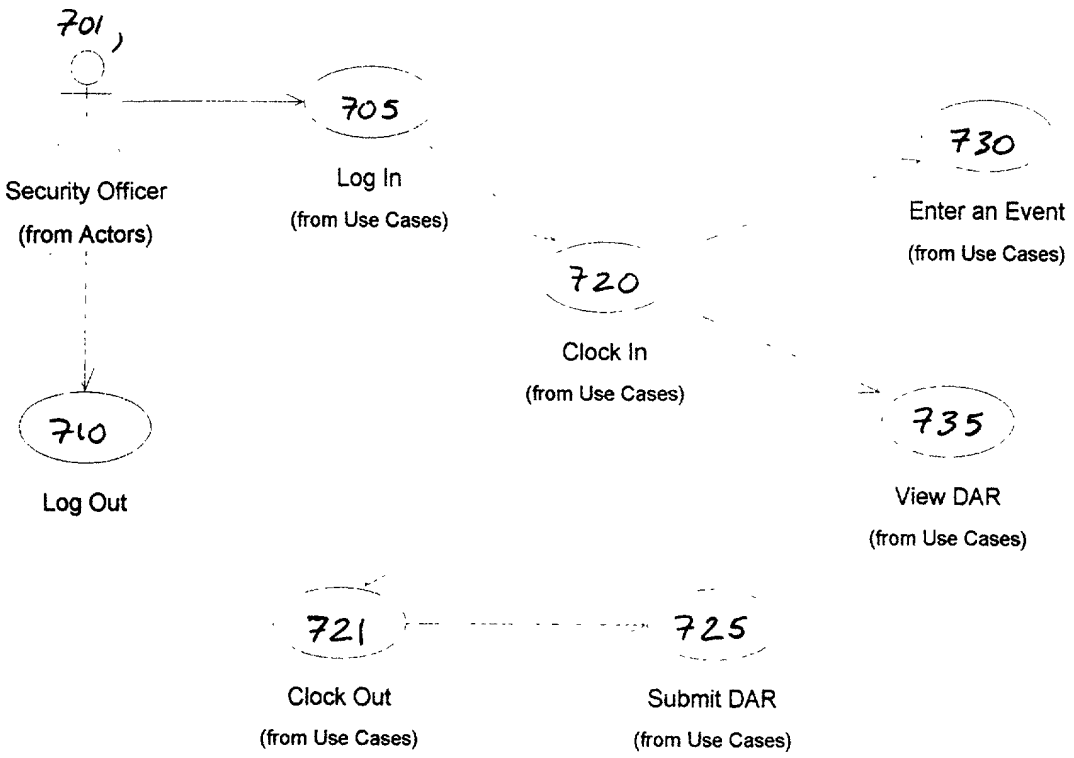

701
Security Officer
(from Actors)
705
Log In
(from Use Cases)
730
Enter an Event
(from Use Cases)
720
Clock In
(from Use Cases)
710
Log Out
735
View DAR
(from Use Cases)
721
Clock Out
(from Use Cases)
725
Submit DAR
(from Use Cases)

Fig. 7

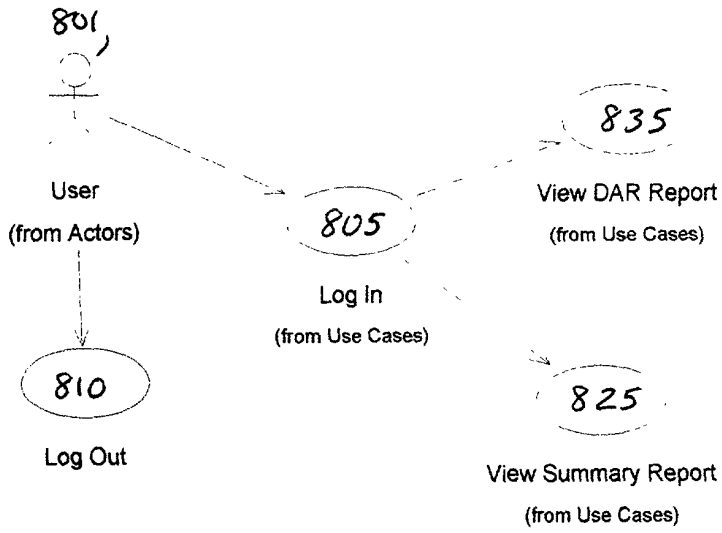
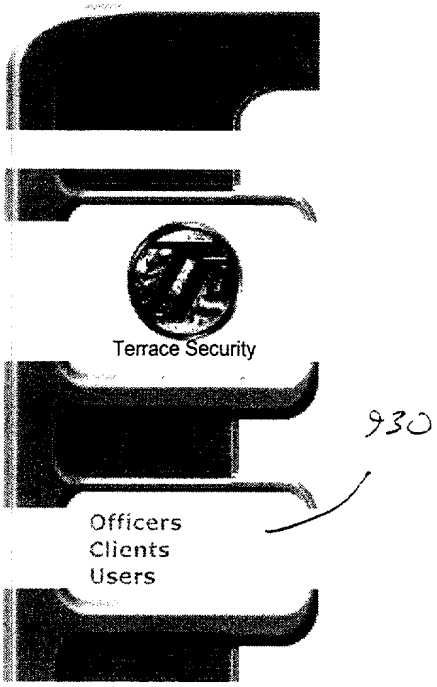

801
User
(from Actors)
805
Log In
(from Use Cases)
835
View DAR Report
(from Use Cases)
810
Log Out
825
View Summary Report
(from Use Cases)

Fig. 8



Terrace Security Corporation
Online Applications Management Console

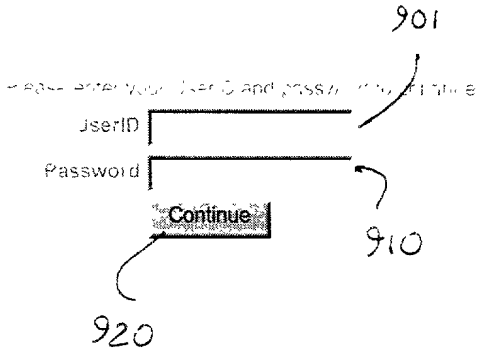


Fig. 9

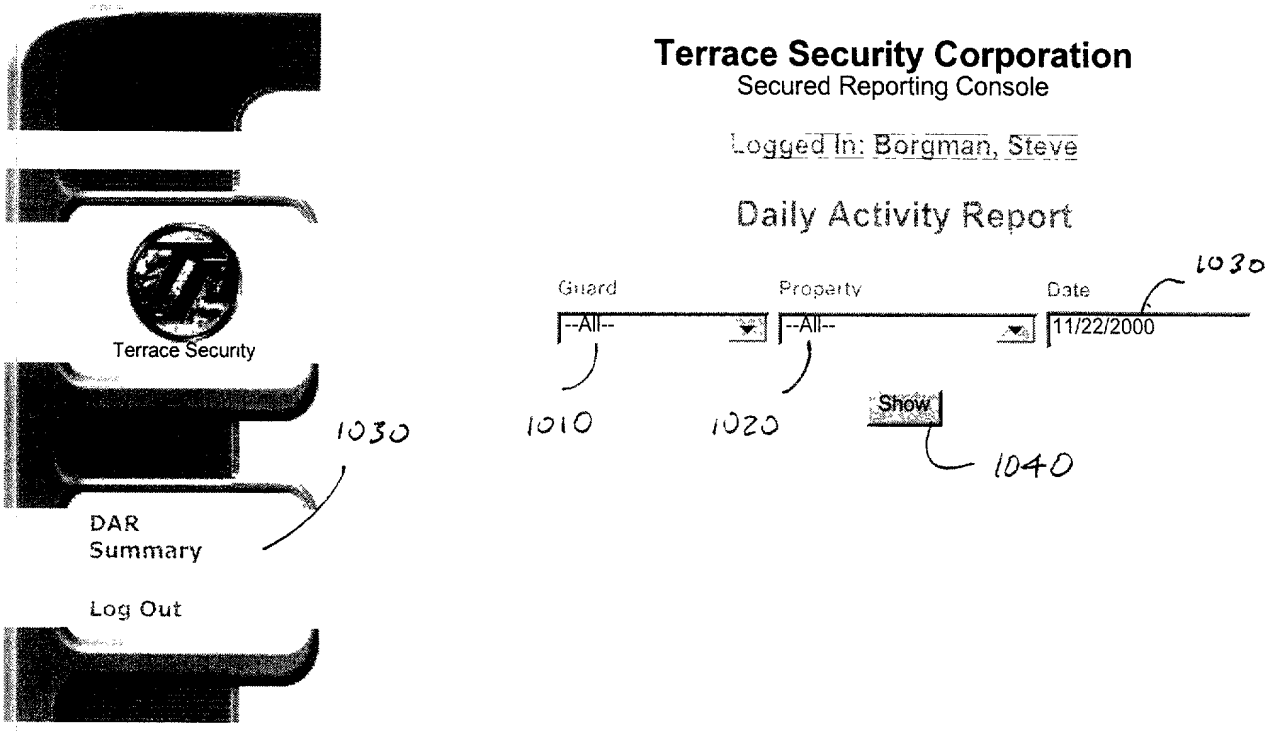
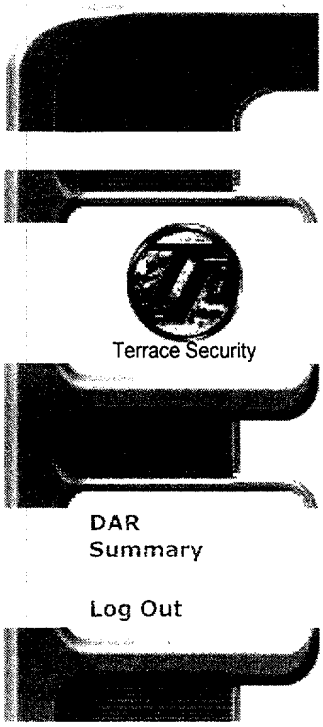

Terrace Security Corporation
Secured Reporting Console
Logged In: Borgman, Steve
Daily Activity Report
Guard
--All--
Property
--All--
Date
11/22/2000
Show
Terrace Security
DAR Summary
Log Out
1010
1020
1030
1040
1030

Fig. 10



Terrace Security Corporation

Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

Fig. 11A

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	R

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00.00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	R

Fig. 11B

Shift 8

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/20/2000 8.02:02 AM	11/21/2000 3:12:03 PM
Shift Code	Radio Number
tewt	tet
Comments	
asretae	

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM
Shift Code	Radio Number
wer	werwer
Comments	
erwer	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM
Shift Code	Radio Number
we	wet
Comments	
qr	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM
Shift Code	Radio Number
wr3	wer
Comments	
wrwaer	

Time In	Time Out	Code	Comments	IR

Fig. 11C

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5.03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

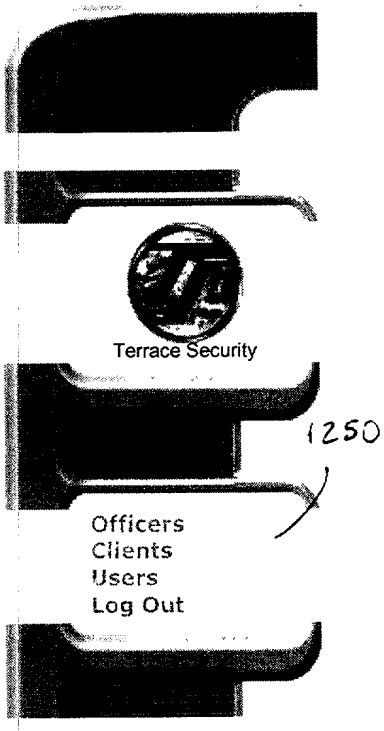
Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	

Fig. 11D



1250

Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

	Last Name	First Name	Badge #	Bio
◉	Calaman	Mario	111	Good teacher
○	Jelunson	Robb	550	
○	Officer	New	999	
○	Samson	Freddie	365	edittreee
○	Waggoner	[illegible]	19	[illegible]
○	Whipple	Steve	222	

1210

Edit Selected Officer >>

1220

Delete Selected Officer

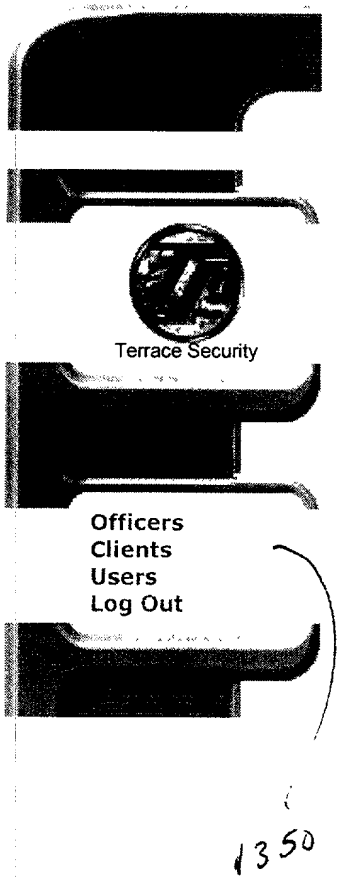
1230

-OR-

Add New Officer

1240

Fig. 12



Terrace Security Corporation

Online Applications Management Console

1310

Logged In: Borgman, Steve

Client Admin

	Client Name	Contact Name	Phone	Email
◉	Metro National	Jeff James	718-207 4400 x7134	james@
	Properties: property 1, new property, second new property, 2, new property 3, edited			
○	General Growth Partners	First Name	555-555 5555	first@first
	Properties: Memorial City Mall, Deerbrook Mall, Property 3			
○	GMH Capital			
	Properties			

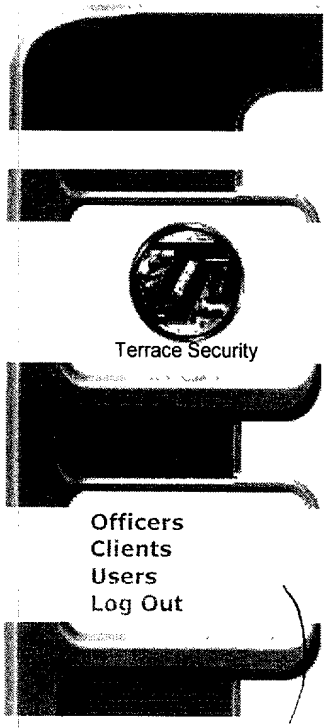
Edit Selected Client >> 1320

Delete Selected Client 1330

-OR-

Add New Client 1340

Fig. 13



1450

Terrace Security Corporation

Online Applications Management Console

1410

Logged In: Borgman, Steve

User Admin

	Last Name	First Name	User ID	Admin
◉	[illegible]	[illegible]	[illegible]	Yes
○	[illegible]	[illegible]	[illegible]	Yes
○	[illegible]	[illegible]	[illegible]	Yes
○	Marris	Doug	Doug	Yes
○	Michaels	Bob	bob	Yes
○	Vanderbilt	Arthur	arthur	Yes
○	Waggoner	[illegible]	[illegible]	Yes

Edit Selected User >>

1420

Delete Selected User

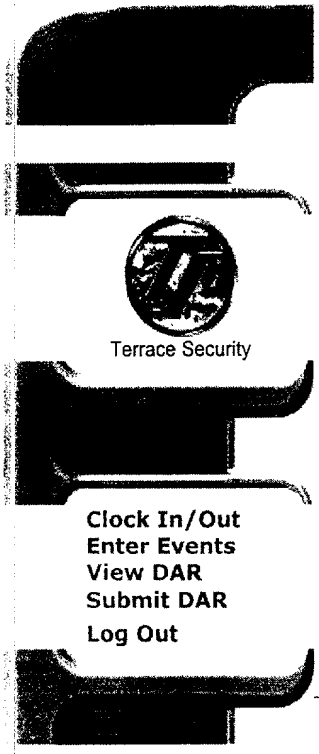
1430

-OR-

Add New User

1440

Fig. 14



Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Incident Report

Incident Code/Type: 1605 - Aggravated Robbery

TSC Case #: 8

Location | HPD Case # | At

Date/Time Reported: 12 / 30 / 2000 12 00 AM PM

Date/Time Occurred: 12 / 30 / 2000 12 00 AM PM

HFD Unit # | What Hospital | Paramedic's Name

Indentifying Information #1 | Last Name | First Name | MI

SU C W

Residence Phone | Business Phone | DOB 12 / 30 /

Address | SSN | DL

Employer | Department/Property

Suspect is Minor: Yes No | Parent/Guardian Notified: Yes No | By Whom | Name of Notified | Time 12 00

Indentifying Information #2 | Last Name | First Name | MI

SU C W

Residence Phone | Business Phone | DOB 12 / 30 /

Address | SSN | DL

Employer | Department/Property

Suspect is Minor: Yes No | Parent/Guardian Notified: Yes No | By Whom | Name of Notified | Time 12 00

Indentifying Information #3 | Last Name | First Name | MI

SU C W

Residence Phone | Business Phone | DOB 12 / 30 /

Address | SSN | DL

Employer | Department/Property

Fig. 15A

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
○ Yes ◉ No	○ Yes ◉ No			12 : 00

Vehicle Info #1	Vehicle Info #2	Vehicle Info #3
◉ SU ○ C ○ W	◉ SU ○ C ○ W	◉ SU ○ C ○
Year	Year	Year
Towed ○ Yes ◉ No	Towed ○ Yes ◉ No	Towed ○ Yes
Make	Make	Make
Model	Model	Model
Color	Color	Color
License Plate #	License Plate #	License Plate #
VIN	VIN	VIN

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why

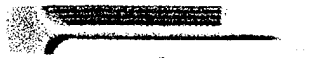
FOLLOW-UP

Date: 12 / 30 / 2000 Time: 12 : 00 ◉ AM ○ PM By Whom

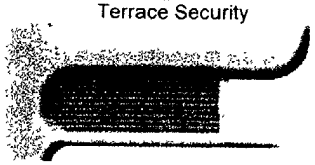
submit

Fig. 15B

Terrace Security Corporation
Officer Console



Terrace Security



Clock In/Out
Enter Events
View DAR
Submit DAR
Log In

Incident Investigation Report

TSC Case #

I. GENERAL INFORMATION

Date of Incident : 01 / 01 / 2000 **Time of Incident :** 01 01 am pm **Day Of Week:** Monday

Date Reported to You: 01 / 01 / 2000 **Time Reported to You :** 01 01 am pm **By Whom:**

Property Name & Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident measurements, directions, etc)

II. THE COMPLAINTANT - Check one: Tenant Visitor Contractor Employee : Complete Sections I,II,VII & IX

Last Name: **First Name:** Male Female

Address: **SSN:**

City: **State:** **Zip:** **Phone #: (**)

Age: **Height:** ' " **Weight:** **Physical Disabilities:**

Pregnant? Yes No **If yes, how many months** 1

Does Complaintant wear glasses? Yes No **If yes,what kind**

Place of Employment: **Position:**

Address:

City: **State:** **Zip:** **Phone #: (**)

Fig. 16A

Driver's Liscense # **State:** **Date of Expiration:** 01 / 01 / 2000

Vehicle Description: **License Plate # :** **State:**

Vehicle Insurance?: Yes No **Insurance Company:**

Policy # **Policy Holder:**

III. FIRST AID (treatment Rendered to stabalize Complaintant)

Offered Not Offered- why?

Offer Declined By whom; why?

Taken to Hospital Hospital Name?

Taken by: Ambulance HFD Unit # Paramedic's Name

Self Other, Explain

Taken at Whose Request? Complaintant Other, Explain

Emergency Contact Notified? Yes No N/A Name of Contact

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

Fig. 16B

A. BEFORE the Incident

Carrying anything? Yes No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

Complainant's description fo any injury and where on their body it's located

Describe Complainant's reaction to the incident

Describe shoes worn by Complainant

Sole materials Leather Rubber Vinyl Wood Other-describe

Describe heels (height, material, condition)

Overall condition of shoes Good Average Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident? Yes No If yes, who?

Relationship to Minor

If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Fig. 16C

Complainant's detailed description of how the incident occurred (what does the Complainant feel *caused* the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.

A. Description of the Incident Site

1. Type of Walkway:

Floor Stairway Ramp Street Escalator Parking Lot Other - describe

2 Surface material

Carpet Vinyl tile Ceramic tile Terrazo Marble Quarry Tile Rug

Grass Concrete Asphalt Gravel Metal Dirt Other - describe

3 Foreign substance present? (soda, water, ice, snow, etc) Yes No

What does substance appear to be?

Describe substance Color

Odor

Amount

Spill pattern

Describe Texture

(oily, gritty, bubbly, etc) Consistency (melted, crushed, solid, etc)

4 Skid/streak marks Yes No Substance on shoes or clothing Yes No

How did substance come to be on the floor?

5 Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc)

B Unusual Surface Conditions Present? Yes No If yes, describe nature of condition

Fig. 16D

Dimensions _____ Debris present? ( ) Yes ( ) No If yes, describe

_____

C. Lighting Conditions

1. ( ) Natural ( ) Artificial - describe

_____
(type of bulb, etc)

2 Does the complainant feel that lighting was a contributing factor in causing the incident? ( ) Yes ( ) No If yes, explain

_____

D Weather Conditions
Describe outdoor weather, even if incident was inside

_____
(cloudy, sunny, snowing, raining, etc)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

_____

By whom? _____

Date & Time Taken _____ Where are photos stored? _____

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene Include all people who might have seen the complainant or the scene shortly before, during or just after the incident

A

Name _____ Address

_____

City _____ State

_____

Zip

_____

Phone # _____

What was this person's involvement with the incident?

_____

His/her location at the time of the incident?

_____

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

Fig. 16E

B.

Name Address

City State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

C

Name Address

City State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

Fig. 16F

Target Classified

IX. EMPLOYEE INCIDENT

Department _____

Title _____

Supervisor _____

Type of incident Injury Vehicle Property Damage

Type of injury _____

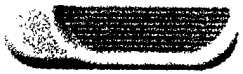
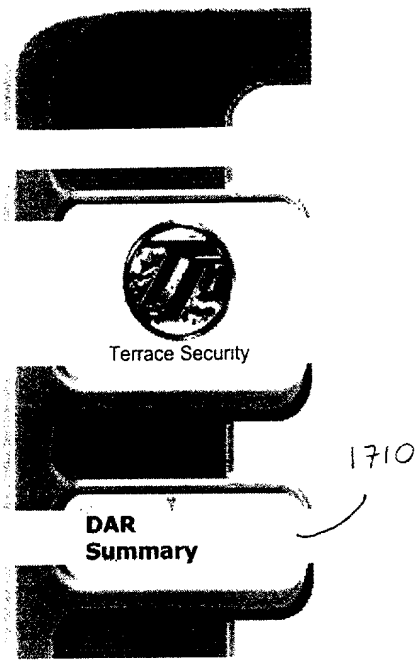


Fig. 166



1710

Terrace Security Corporation

Secured Reporting Console

1720

Please enter your UserID and password to continue

UserID

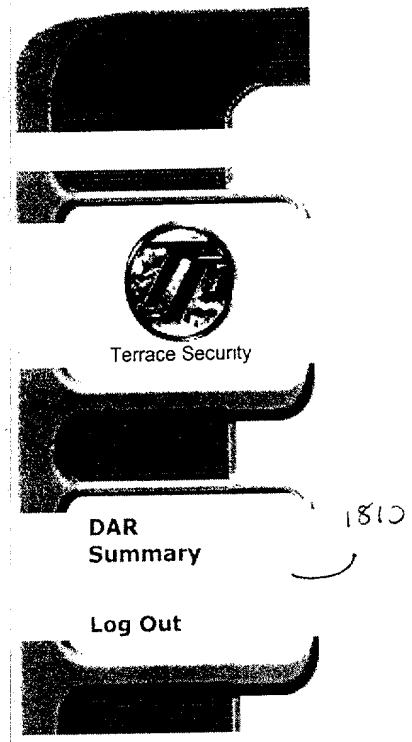
Password

Continue

1730

1740

Fig. 17



Terrace Security Corporation

Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

1820 1830 1840

Guard: --All--

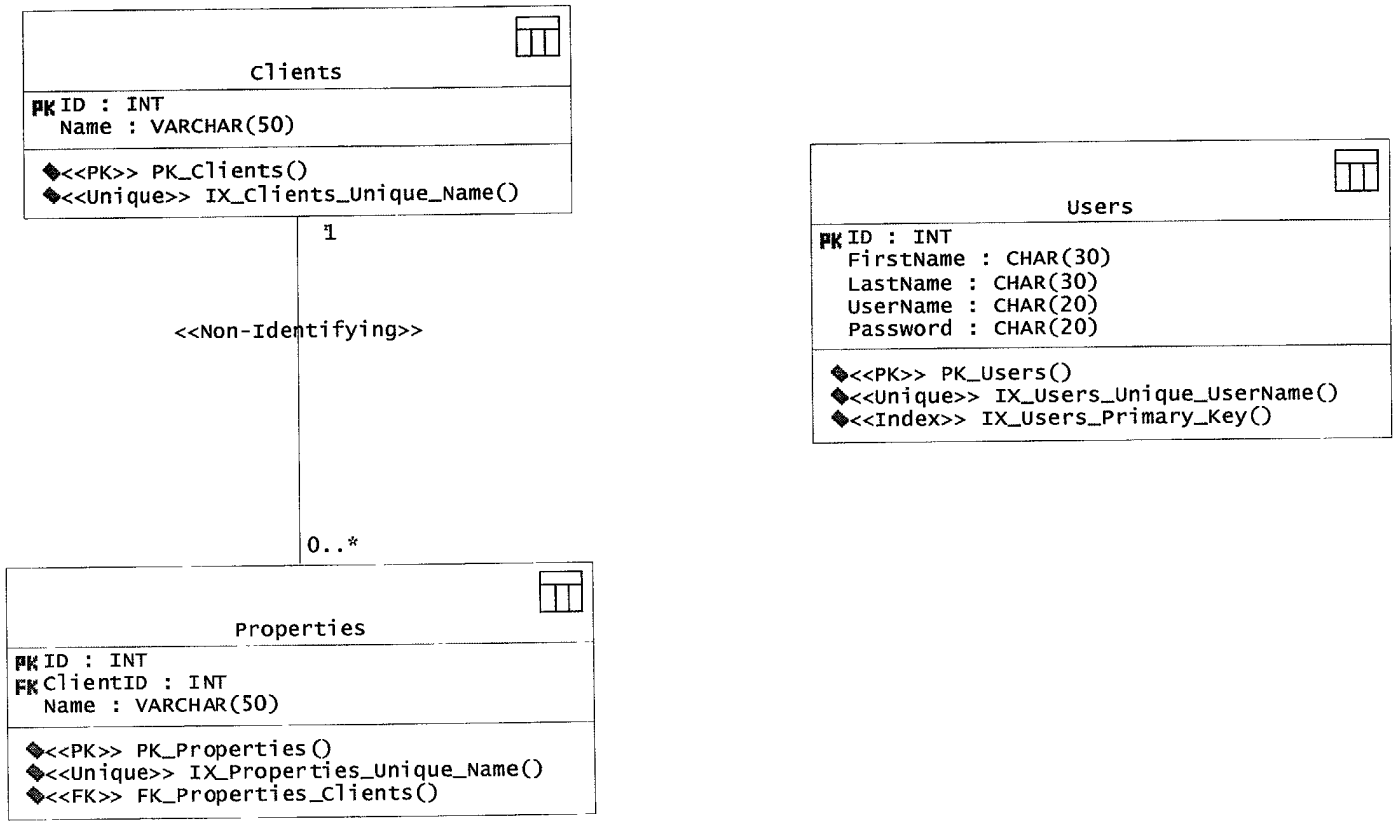
Property: --All--

Date: 12/20/2000

Event Code: --All-- 1850

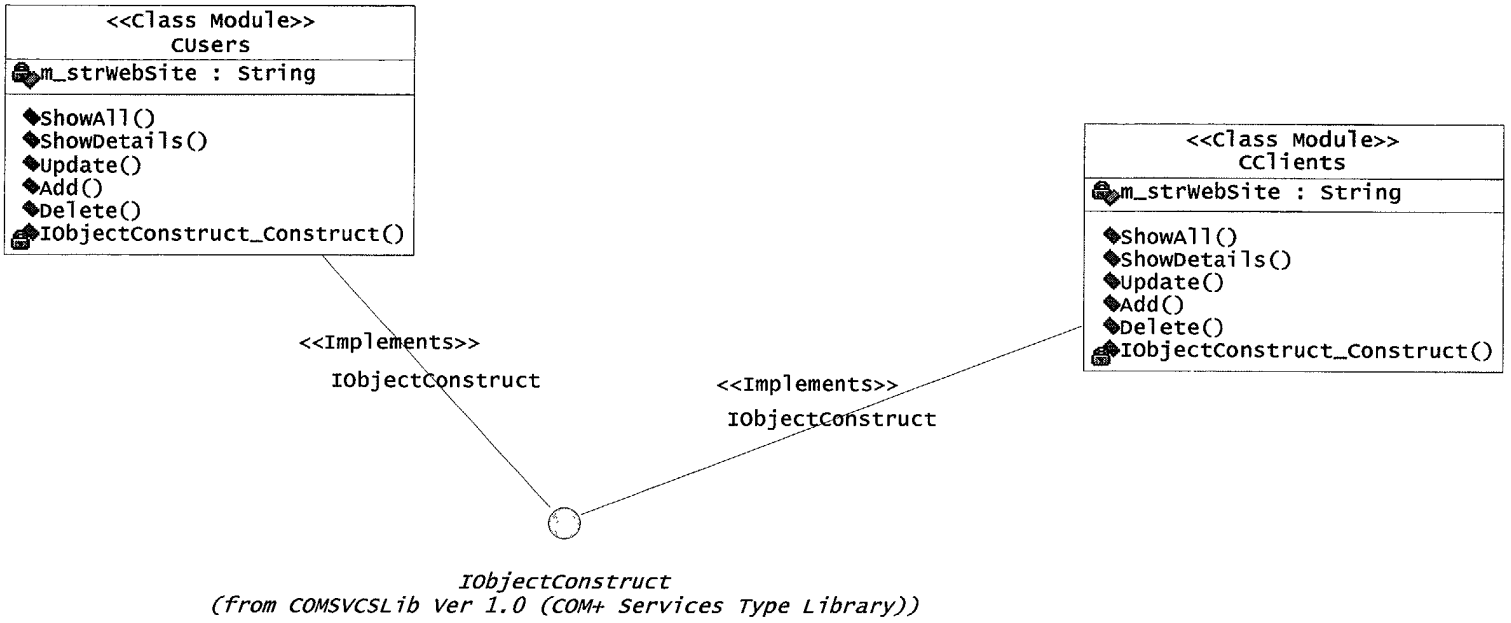
Show 1860

Fig. 18



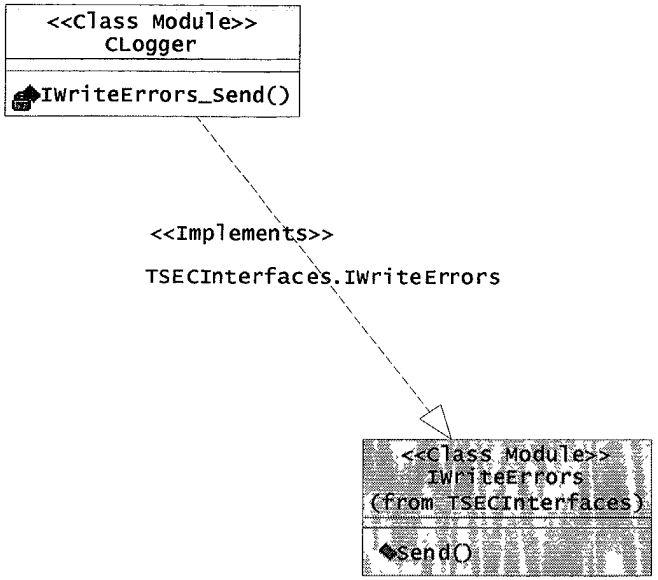
Database Diagram

Fig. 19A



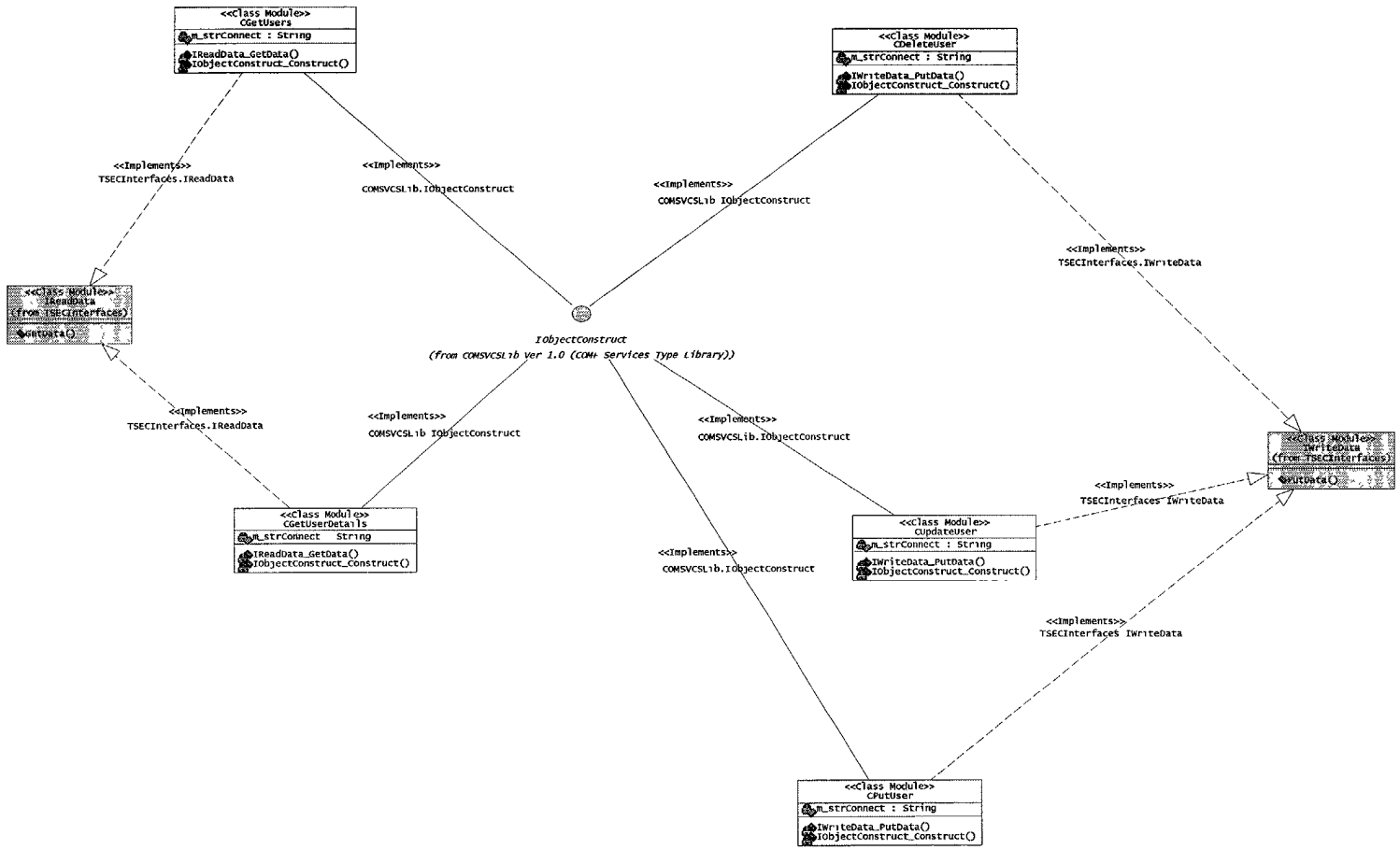
Business Services

Fig. 19B



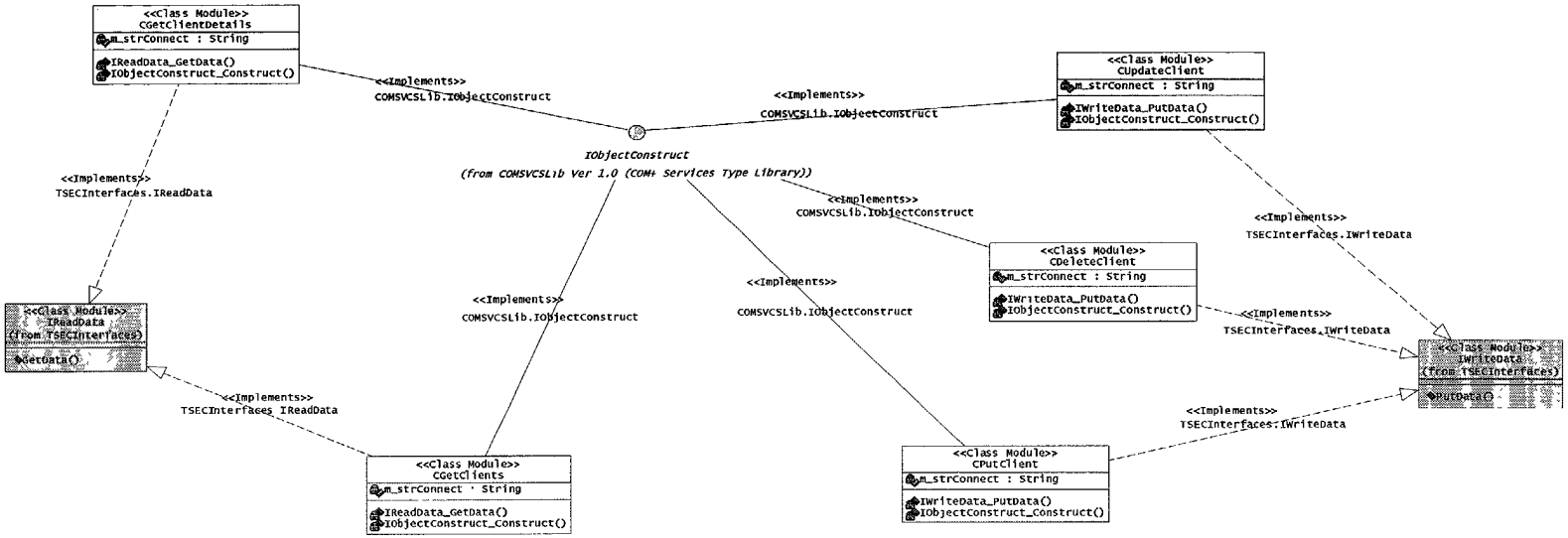
Error Logging

Fig. 19C



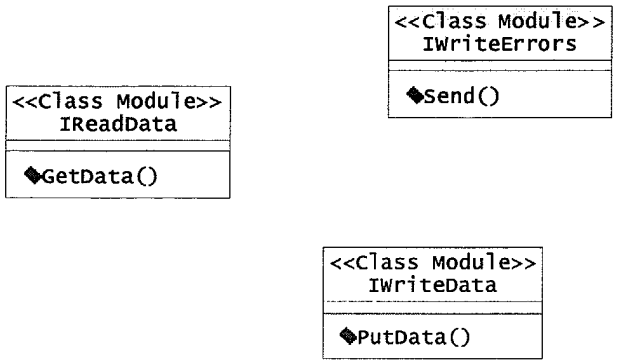
User Data Services

Fig. 19D



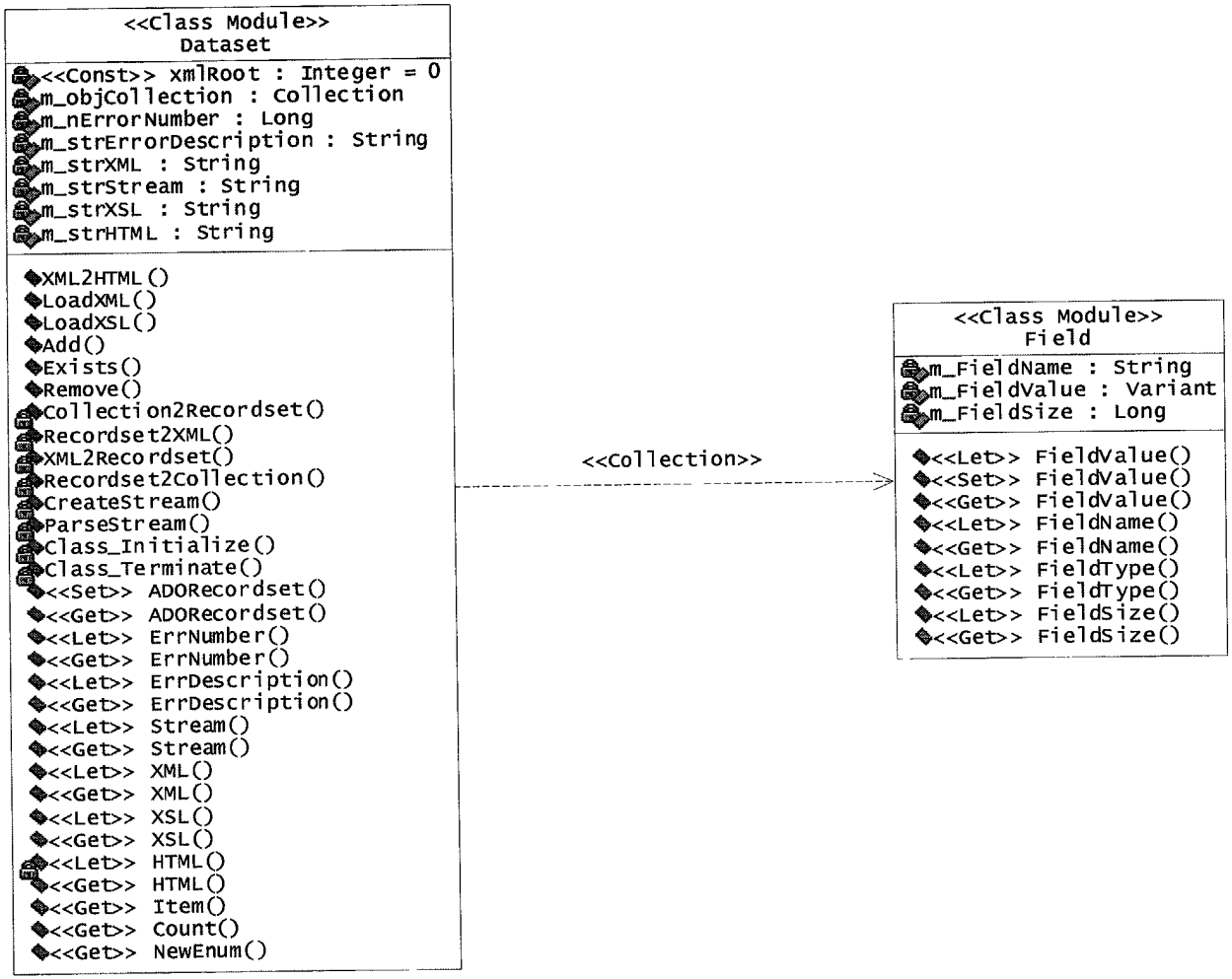
Client Data Services

Fig. 19E



Interfaces & Event Classes

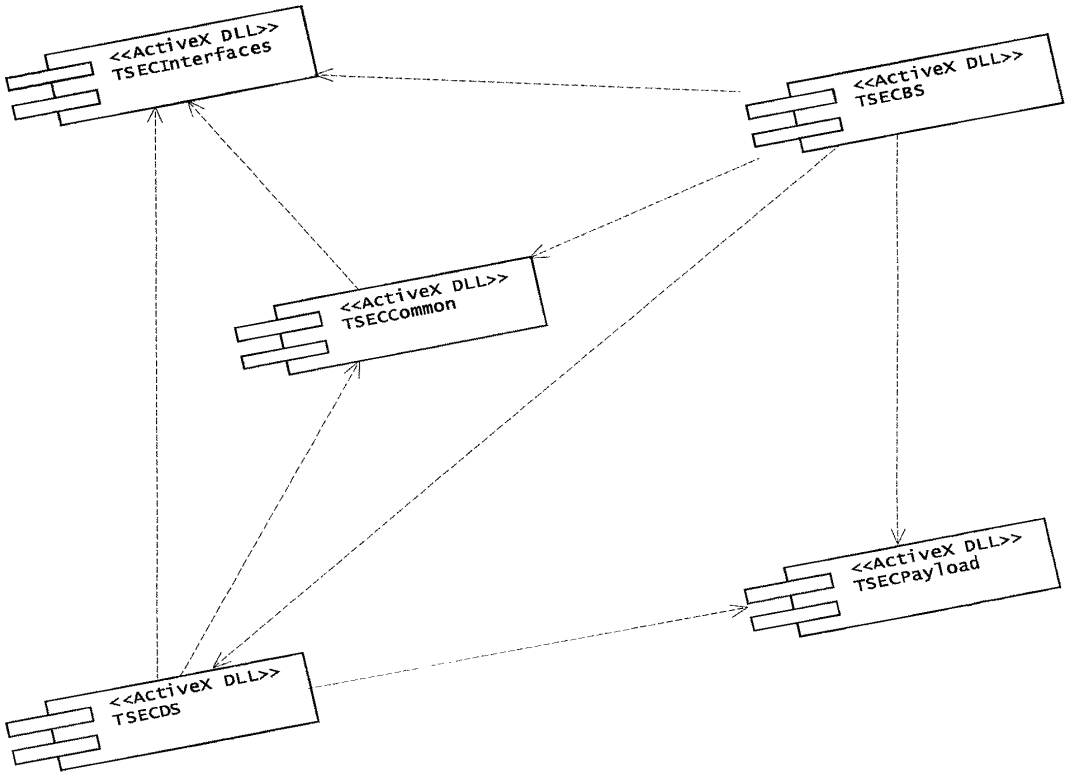
Fig. 19F



DNA Payload

Fig. 19G

Property of eSecurity



Component Diagram

Fig. 19H

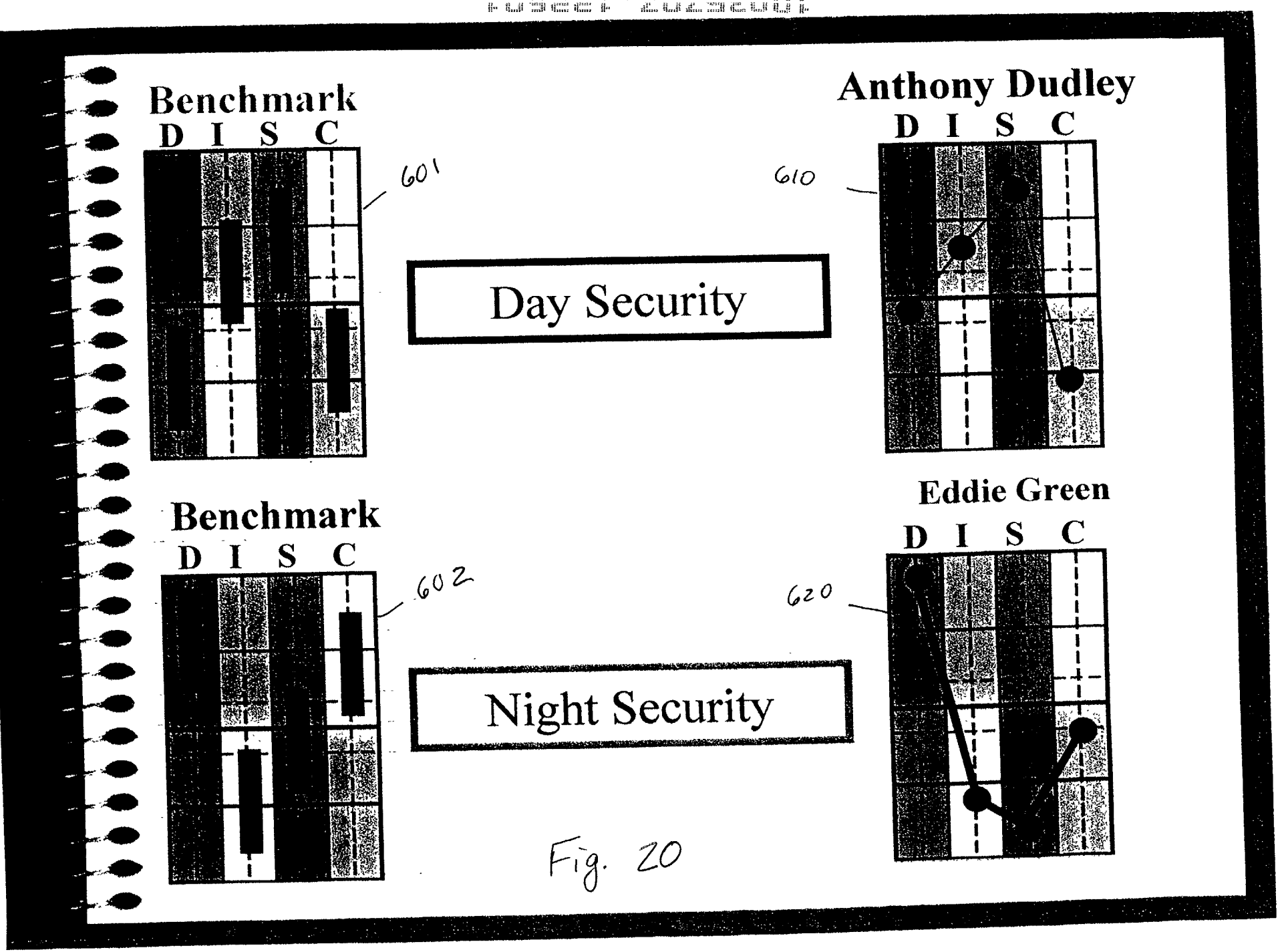

Benchmark
D I S C
601
Anthony Dudley
D I S C
610
Day Security
Benchmark
D I S C
602
Eddie Green
D I S C
620
Night Security

Fig. 20